

INSTRUCTIONS

INCAPACITATED ADULT INFORMATION FORM

GENERAL: This form provides the Clerk of Court with the information necessary to qualify fiduciaries for adults who have been determined by the court to be incapacitated. This sheet contains special instructions to help you fill out this form. If you have any questions, you should telephone the Clerk. If you are unable to complete this form, the Clerk will help you. You should telephone the Clerk's office for an appointment before you go to the courthouse. Please complete as much of this form as possible before you see the Clerk.

Line 1. State the incapacitated person's full name, including any aliases, and the maiden name of a married woman.

Line 4. If you are unsure of the correct answer to this question, leave it blank until you talk to the Clerk of Court.

Lines 10-13. These lines are used to identify a co-fiduciary(ies), if there is one (or more).

Lines 16-18. These questions must be answered by the person(s) who wishes to be qualified as fiduciary by the Clerk. A "yes" answer to any of these questions does not automatically disqualify a person from serving. Each case must be decided by the court based on its specific facts.

Line 19. Because of the difficulty in determining exact values at the time of qualification, the clerk will accept a reasonable estimate of the fair market value of the incapacitated person's personal property. If you do not know the actual value of the incapacitated person's real property, you may use its assessed value for local real estate tax purposes. In addition to including all property in the traditional sense, you must also include the value of (i) any periodic payments of money to which the incapacitated person is entitled (such as Social Security, SSI, veteran's benefits, etc.), and (ii) the incapacitated person's legal or equitable ownership interest in any real or personal property that will pass to another at the incapacitated person's death by a means other than testate or intestate succession (such as property owned in any survivorship form with another person, an interest in a trust fund created by the incapacitated person or another, etc.).

INCAPACITATED ADULT INFORMATION FORM
COMMONWEALTH OF VIRGINIA

Court File No.:

[For appointment of guardian, conservator, committee, or trustee for ex-service person.]

Circuit Court of

1. Incapacitated person's full name:

2. Residence address (street, city, state):

3. Date of birth: Place of birth: Married Widowed Single Divorced

4. Qualification requested: guardian conservator limited conservator trustee for ex-service person
committee standby guardian standby conservator.

5. Court's order entered on:, and recorded in

6. Name of person qualifying:

7. Day telephone: Night telephone:

8. Residence address:

9. Mailing address, if different:

10. Name of other person qualifying :

11. Day telephone: Night telephone:

12. Residence address:

13. Mailing address, if different:

14. Name of assisting attorney, if any: Telephone:

15. Attorney's mailing address:

I hereby certify that to the best of my knowledge and belief this is an accurate statement of facts, and I acknowledge a continuing legal duty to report any later discovered errors or inconsistencies to the Clerk of Court.

.....
DATE

.....
PRINTED NAME OF REQUESTING PERSON

.....
SIGNATURE OF REQUESTING PERSON

INFORMATION TO BE FURNISHED BY EACH PERSON SEEKING QUALIFICATION

16. Have you ever been convicted of a felony? yes no.

17. Have you ever filed for bankruptcy? yes no.

18. Are you now, or have you ever been, an attorney at law in Virginia or elsewhere? yes no. (If yes, and you do not now possess an active license from the Virginia State Bar, explain the details on a separate sheet of paper.)

19. The value of the incapacitated person's personal property (see instructions) is \$

The value of the incapacitated person's real estate (see instructions) is \$

The total value of the incapacitated person's entire estate (see instructions) is \$

I (we) hereby certify that to the best of my (our) knowledge and belief this is an accurate statement of facts, and I (we) acknowledge a continuing duty to report any later discovered errors or inconsistencies to the Clerk of Court.

.....
DATE

.....
PRINTED NAME OF PERSON SEEKING QUALIFICATION

.....
SIGNATURE OF PERSON SEEKING QUALIFICATION

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DATE

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